ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE	
FEE DETERMINATION				
O.I.P.E. CLASSIFIER		2/3	9/21/01	
FORMALITY REVIEW	TR	JC 110 8	10/01:01	
RESPONSE FORMALITY REVIEW	AM	917	12-11-01	

INDEX OF CLAIMS

~	Rejected	N	Non-elected
	Allowed		Interference
_	(Through numeral) Canceled	Α	Appeal
÷	Restricted	0	Objected

	· ÷	Restricted	0	Objected	
Claim	Date	Claim	Date	Claim	Date
la diginal		Final			
Final Striginal		Final		Final	
		<u>iī</u> 0		Final	
1):		51		101	
3/		52		102	
3 W		53		103	+ + + + + +
4 W		54		104	
5 📈		55		105	
6 1		56		106	
7 N		57		107	
8 1		58		108	
9m		59		109	++++
10 1/		60		110	
11 //		61	 	111	
12 N		62	 	112	++++
13 /		63	++++	113	+ + + + +
14 N		64		114	+ + + + +
15 0		65		115	+
16 20		66		116	
17/		67		117	++++
18 M		68		118	+ + + - -
(69)N		69		119	
20 M		70	++++-		
61/2		71	+	120	
22 1				121	
23 2		72 73	+	122	
1 24 N		74		123	
25		75	+++++	124	
26		76	+	125	
27		77		126	
28		78		127	
29	-+			128	
30		79		129	
/31	++++	80		130	
32	╾┼╼┼╼┼╼┼╾┼╾┼	81		131	
33		82	+	132	
34	+++++	83	+++++	133	
35	+++++			134	
36	++++	85		135	
37				136	
38	+++++	87	++++	137	
39	+++++	88	+	138	
40	+ + + + + + + + + + + + + + + + + + + 	89	+	139	
	++++	90		140	
41	++-1-1-1-1	91		141	
42	++++	92		142	
43	+	93		143	- - -
44		94		144	
45	 	95		145	
46		96		146	++++
47		97		147	
48		98		148	
49	 	99		149	DV
50		100 BE	ST AVAILA	BLE CO	7
			ALANA OF		

If more than 150 claims or 10 actions staple additional sheet here

(LEFT INSIDE)

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